

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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Upcoming Events

- 5/21-5/27 Safe Boating Week
- 6/1 National Safety Month
- 6/16 Indiana State Trauma Care Committee meeting
- 6/16 Indiana Trauma Network meeting
- 6/22 & 6/23 Indiana Injury Prevention Conference
- 7/14 Indiana Black Exp

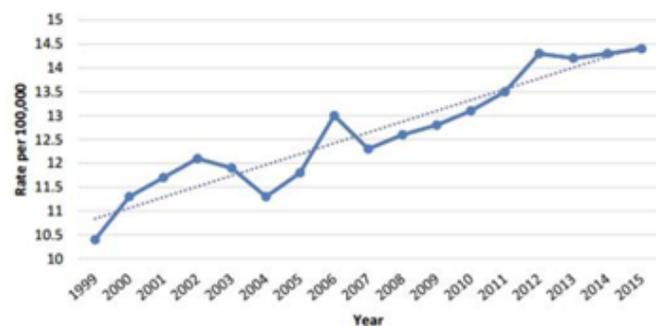
The ISDH Releases Suicide in Indiana Report

The Indiana State Department of Health (ISDH) Division of Trauma and Injury Prevention (DTIP) has released the updated *Suicide in Indiana Report*. The report features suicide data from 2011 through 2015 and self-inflicted emergency department and hospitalization data from 2011 through 2014. The previous report was released in September 2013. Suicide is a major preventable public health problem throughout the United States and Indiana. Individuals who die by suicide cross all economic, racial/ethnic, age and social boundaries. Suicide is the 11th leading cause of death among Hoosiers and self-inflicted injury contributes to the number of hospitalizations and emergency department visits each year.

In an effort to describe the burden of suicide in Indiana, the DTIP compiles and disseminates data based on the most recent mortality and morbidity data available at the state and national levels. This data helps identify populations at risk for suicide and reveal trends in suicide incidence and prevalence. The objective of this report is to define the problem, both in the U.S. and in Indiana, and provide an overview of risk factors, protective factors, prevention issues and local and national resources available.

The updated report (and previous reports) can be accessed here: http://www.in.gov/isdh/files/Suicide_Report_2017_final.pdf

Figure 7. Suicide rate* and trend, Indiana, 1999-2015



*Age-adjusted rates per 100,000 population

**Dotted line represents data trend line

Source: Indiana State Department of Health, Epidemiology Resource Center

Trauma Care Committee discusses future of system development in Indiana

The Indiana State Trauma Care Committee (ISTCC) met April 21 to facilitate discussion on how to improve trauma system developments around the state. The Indiana State Department of Health hosted key stakeholders from around the state to discuss regional development, trauma center designation, improved performance and transfer patterns of patients among non-trauma centers. The updates provided by each preparedness district can be found in the chart below. While the focus of the meeting is largely on the overall trauma system Dr. Adams, State Health Commissioner, touched on how opioid overdose falls under several different agencies but also falls on trauma partners at the state. Dr. Adams shared that ISDH had a request for proposal for local health departments to apply for Naloxone kits for their community. While no one was turned away not all agencies applied.

Dr. Lewis Jacobson of St. Vincent Indianapolis provided the designation subcommittee update. Union Hospital had its one year review as a level three trauma center and it was noted that the hospital has met its requirements. Union Hospital has a verification visit from the American College of Surgeons at the end of June and all other current in-process hospitals have a scheduled verification visit.

Dr. Stephanie Savage of IU Health Methodist Hospital provided the performance improvement subcommittee update, which focused on how the committee 2017 goals. The 2017 goals established are: increase in number of hospitals reporting to the trauma registry, decrease average emergency department length of stay at non-trauma centers, creating trauma transfer guidelines, and establishing regional representation at the performance improvement subcommittee meetings.

Dr. Peter Jenkins of IU Health Methodist Hospital presented on his preliminary findings of transfer patterns of severely injured patients among non-trauma centers, which indicate that 68.5 percent of patients with an injury severity score greater than fifteen are treated at non-trauma centers when the recommended suggestion is 5 percent. Dr. Jenkins utilized 2013-2015 data from the state trauma registry from 2013 to 2015 to calculate transfer rate at both the population level and the hospital level and to perform a multivariate logistic regression cluster at the hospital level to examine factors associated with transfer status and mortality. These findings facilitated the conversation at working on the ground level at the hospital to improve the transfer rate in Indiana.

District 2

- Hosting next meeting in June.
- Recruiting key stakeholders in the district to foster collaboration.

District 3

- Analyzing regional data to form subcommittees.
- Creating mission statement and bylaws to organize district.
- Focusing on disaster management.

District 5

- Meeting on 4/19 focused on updates from different centers regarding "Stop the Bleed" Campaign.
- Planning to dive deep into data to validate findings.

District 7

- First annual district trauma symposium on May 5.
- Met with Congressman Bucshon to discuss how he can assist in the district system development.

District 10

- Working on district wide "Stop the Bleed" Campaign.



Child Passenger Safety Technician Scholarship Program

The Child Passenger Safety Technician (CPST) Scholarship Program, sponsored through the Division of Trauma and Injury Prevention, is dedicated to preventing injuries and trauma throughout Indiana. Through a Maternal Child and Health Services grant, recipients can be reimbursed up to \$250 for participating in a training course to become a CPST. The CPST Scholarship Program funds must be used towards fees related to the training class. For more information about this program, please contact [Preston Harness](mailto:PHarness@isdh.IN.gov), at PHarness@isdh.IN.gov or (317)-232-3121.



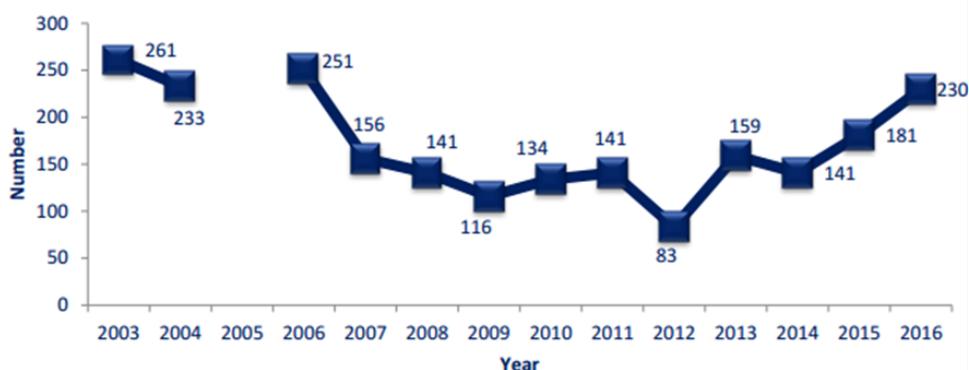
Updated fax number for firework injury reports

The Division of Trauma and Injury Prevention wants to alert you to a change in the fax number for the annual fireworks injury reports. **Completed fireworks injury forms are to be faxed to: 317-232-1265, attention Division of Trauma and Injury Prevention.** Please take this time to ensure your facility's billing and medical records division has the correct fax number (317-232-1265) on file and the emergency department uses the correct form. Completed forms can also be mailed to Indiana State Department of Health (2 North Meridian Street, 6th Floor Indianapolis, IN 46204). Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>.

All hospitals and private medical practices are mandated by law to report firework injuries and deaths to the ISDH to be published in an annual report. The 2017 Indiana Firework Related Injury Report will be assembled and published this fall. The reporting cycle for 2017 runs from Sept. 13, 2016 through Sept. 12, 2017. Per Indiana Code 35-47-7-7, reports must be completed within five business days after examination of the injury. The law requiring reporting can be found at <http://www.in.gov/legislative/ic/code/title35/ar47/ch7.html>. Questions can be directed to IndianaTrauma@isdh.in.gov.

In 2016, there were 230 unduplicated cases of firework-related injuries reported to ISDH. No deaths were reported due to firework-related injuries. Forty-one percent of all reported firework-related injuries involved individuals 18 years of age and younger. The 2016 Firework-Related Injury Report can be found at: http://www.in.gov/isdh/files/ISDH_FireworksReport_2016.pdf

Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003–2016*



*2016 reporting cycle included cases from Sept. 13, 2015-Sept. 12, 2016.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.

New faces at the Division of Trauma and Injury Prevention

Angela Adle is the newest Records Consultant for the INVDRS and PDO grants. She has a Bachelor of Science degree in Psychology from Peru State College. Angela has more than 10 years of experience in the forensic science field including autopsies, fingerprint analysis and cold case analysis. She worked as an Identification Technician with the Lincoln Police Department in Nebraska prior to joining ISDH.



New hires Angela Adle (left) and James Carroll (right) joined the division of trauma and injury prevention in April.

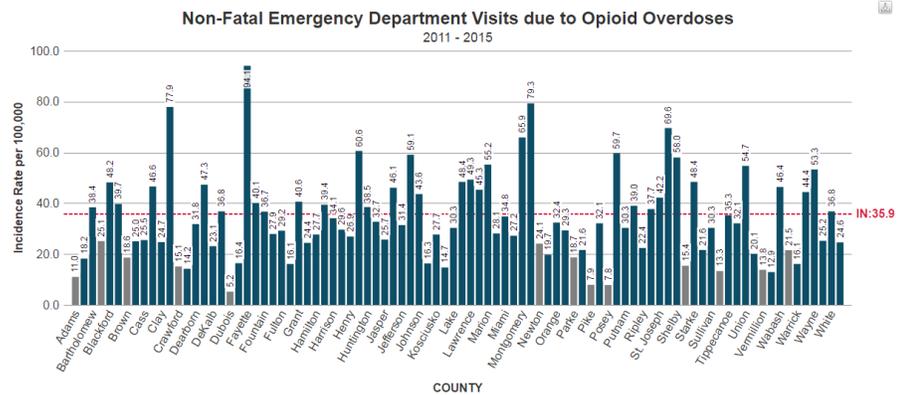
James Carroll is the new Prescription Drug Overdose Community Outreach Coordinator. He graduated from Crossroads Bible College with a Bachelor of Science degree in Leadership. James spent four years as a Case Manager with the Family and Social Services Administration the Division of Family Resources. He also has more than 15 years of experience working with youth and adults with developmental disabilities, prior to joining ISDH.

Indiana health data now easily accessible through web portal

The Indiana State Department of Health (ISDH) is making it easier to assess the health of their counties through Stats Explorer, a new web-based one-stop shop for public health data in Indiana.

Visitors to the Stats Explorer website can find information about the prevalence of drug overdoses, sexually transmitted diseases, births and deaths, cancer, infectious diseases and many other health issues, all in one convenient location. Previously, the data were available through multiple pages on the ISDH website.

“We wanted to begin building a single destination for the public and our partners to access statistics and data that we publish,” said Chris Waldron, director of the Public Health Geographics program within the ISDH Epidemiology Resource Center (ERC). “Instead of searching through several different web pages and formats managed by our many program areas, people can find the data they need in one easy-to-navigate page.”



This graphic about non-fatal ED visits due to opioid overdose is one example of the type of information available on the Stats Explorer webpage.

Diseases and conditions provided in Stats Explorer can be viewed as counts or rates for various time periods. Data can be displayed in a variety of formats, including charts and maps, with the click of a button.

“The ISDH Stats Explorer makes the data driving the health of our state much more transparent,” said State Health Commissioner Jerome M. Adams, M.D., M.P.H. “Improving the health of Hoosiers starts by knowing where we are, and this tool allows anyone in the state to gain that knowledge and help improve our outcomes.”

To use Stats Explorer, go to <https://gis.in.gov/apps/isdh/statsexplorer>. From the drop-down menu, select one of many different public health categories to find detailed data published by ISDH and other partners.

Visit the Indiana State Department of Health at www.StateHealth.in.gov for important health and safety information, or follow us on Twitter at @StateHealthIN and on Facebook at www.facebook.com/isdh1.

Food allergy awareness week starts May 14

Food allergies are a growing public health concern. Food allergies affect as many as 15 million people, nearly 6 million of those are children. These numbers continue to rise on a yearly basis. According to a study released by the Center for Disease Control and Prevention in 2013, food allergies among children increased approximately 50% between 1997 and 2011. Food allergies are also the most common cause of anaphylaxis outside of a hospital setting. It is estimated that a food allergy reaction sends someone to the ER every three minutes, that is about 200,000 ER visits a year. The top eight food allergens are milk, eggs, peanuts, tree nuts, soy, wheat, fish and shellfish. It is important to note that anaphylaxis can occur immediately after exposure, but a observation period of four hours must be observed to monitor reactions. Failure to treat food allergy anaphylaxis promptly with epinephrine is a risk factor for fatalities. Please see the FDA recall page to check the lot numbers involved.

Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

- LUNG:** Short of breath, wheezing, repetitive cough
- HEART:** Pale, blue, faint, weak pulse, dizzy
- THROAT:** Tight, hoarse, trouble breathing/swallowing
- MOUTH:** Significant swelling of the tongue, lips
- SKIN:** Many hives over body, widespread redness
- GUT:** Repetitive vomiting, severe diarrhea
- OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE THAN ONE MILD SYMPTOM

- NOSE:** Itchy/runny nose, sneezing
- MOUTH:** Itchy mouth
- SKIN:** A few hives, mild itch
- GUT:** Mild nausea/discomfort

- 1 INJECT EPINEPHRINE IMMEDIATELY**
- 2 Call 911**
Request ambulance with epinephrine.

Consider Additional Meds

- (After epinephrine):
- Antihistamine
 - Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



foodallergy.org

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Trauma and Injury Prevention offers naloxone training for interested communities and organizations

The ISDH division of trauma and injury prevention, along with the ISDH HIV/STD division, attended a naloxone overview and administration training conducted by Overdose Lifeline on March 6. Overdose Lifeline is a non-profit focused on impacting the opioid epidemic through education, harm reduction, prevention and support. The training provided by Overdose Lifeline will allow 25 ISDH staff to conduct naloxone administration trainings to local health department recipients of the naloxone kit request for proposals, as well as provide an overview and general information about naloxone, opioid addiction and prescription drug abuse. This training is not limited to local health departments and can be brought to any community that is interested in learning more about naloxone and opioid use. If your organization is interested in receiving naloxone training, please contact: indiantrauma@isdh.in.gov to be connected with an ISDH-trained staff member to set up an event.



Save the Date for the 3rd Annual Injury Prevention (IPAC) Conference



THIRD ANNUAL

IPAC Conference

Making Connections: Community, Programs,
and Progress

Monday, May 15, 2017

Conner Prairie
Welcome Center
Fishers, IN

Get notified when registration opens!

Send your contact information to:

indianatrauma@isdh.in.gov



Indiana State
Department of Health
Trauma and Injury Prevention

Indy 500 Safety Tips for Racegoers

The greatest spectacle in racing is scheduled for Sunday, May 28. Thousands of fans are expected to travel to the Indianapolis Motor Speedway for the 101st Running of the Indy 500 and all the festivities surrounding Memorial Day weekend. This event is a great opportunity to remind attendees there are a number of potential hazards at the Indy 500, including severe weather, dehydration, vehicular and foot traffic, and other hazards. To have the most fun at the State Fair, follow these tips:



- Drink plenty of water. Dehydration can occur quickly and can be unnoticed. Increasing fluid intake can reduce the risk of dehydration.
- Avoid drinking and driving. Designate a sober driver before you celebrate.
- Heat exhaustion results from loss of water and salt due to excessive sweating. Know the warning signs!
- Dress appropriately for the weather. Remember to bring sunscreen and protective clothing if it's sunny.
- If you see something unsafe, alert security.

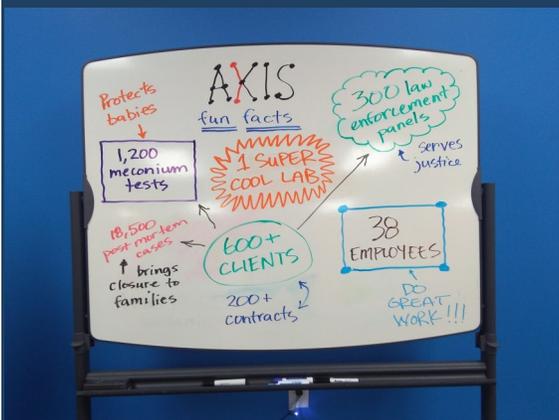
If you are celebrating the race at home, make sure your BBQ celebration is safe.

- Never grill indoors and keep the grill out in the open, away from the house, the deck, tree branches, or anything that could catch fire.
- Always follow the manufacturer's instructions when using grills. Be ready to close the lid and turn off the grill to cut off fuel if necessary.
- Always supervise a grill when in use, and ensure everyone stays away from the grill. Use the long-handled grilling tools to prevent burns.

Make sure to stay safe and enjoy the race with family and friends this May. For questions or additional tips please contact Preston Harness, the injury prevention coordinator at PHarness@isdh.in.gov.

Axis Toxicology Lab hosts ISDH employees

Three ISDH Records Abstractors from Trauma and Injury Prevention had a site visit and tour of the Axis Toxicology Laboratory on April 27. Axis, located here in Indianapolis, has 38 employees and is the second largest privately-held lab in the United States. Axis specializes in forensic toxicology testing providing state-of-the-art diagnostic and analytic services. In 2016 alone, the lab performed over 18,000 post-mortem toxicology tests.



Axis executives gave ISDH staff a walk-through of their step-by-step process of sample testing, starting from the intake of the specimens, various testing techniques and sophisticated equipment. Some of the more impressive lab equipment included their extensive cold-storage unit, liquid and gas chromatography machines, as well as 12 tandem mass spectrometers. Tandem mass spectrometry filters the intact drug molecule from the rest of the sample and subsequently breaks the molecule apart to detect the signature fragments of specific drugs. This allows for a more targeted drug identification and is ideal for quantitative analysis.

Axis's Senior Forensic Toxicologist, Kevin Shanks, has been with the company since 2003 and is nationally-renowned for his studies of cutting edge toxicology surrounding the emerging and evolving opiate analogs, including carfentanyl and U47700.

Staff Updates:

- The INVDRS project now has four full time records consultants to abstract more than 6,000 records expected for the 2016 INVDRS and overdose deaths. The records consultants are finalizing the 2015 pilot data which is due June 30. To date, 381 cases are complete and 771 cases have at least one source document abstracted.
- The Indiana Injury Prevention Advisory Council (IPAC) met for the first time in 2017 on March 17th at the ISDH offices. Catana Philipps, Injury Prevention Coordinator, Trauma Services at IU Health Methodist Hospital, shared resources for assessment of acute stress disorder and post-traumatic stress disorder (PTSD) in trauma patients. The final presentation was from Mary Raley, the Injury Prevention, Trauma Education, and Outreach Coordinator at St. Mary's Health on ATV safety collaboration, including how the community is using a team approach to achieve zero preventable deaths. Mary shared information about the newly formed Play for Kate Foundation and a safety training workshop in Southern Indiana.
- Jessica Schultz attended the National Association of State EMS Officials (NASEMSO) held their annual spring meeting, which included a meeting of state trauma program managers and directors at the Trauma Manager Council meeting. The two-day council meeting included representation from at least 17 states. The Trauma Managers Council met to discuss performance improvement and benchmarking for trauma system development, free-standing emergency departments and their role in trauma systems, audit filters for trauma registries, and best practices in data validity.
- The Division of Trauma and Injury Prevention presented at the Public Health Nurses Conference on April 25 about addressing the opioid epidemic. The division has partnered with both the state Prescription Drug Monitoring Program (PDMP) to enhance and maximize the use of INSPECT and Richard M. Fairbanks School of Public Health for evaluation of policy changes. The division continues to improve data collection and analysis in order for community outreach coordinators to provide specialized technical assistance to counties.
- Division members hosted a table at the 2017 Coroner's Board meeting, and gave a brief PowerPoint presentation on the Indiana Violent Death Reporting System (INVDRS) to new coroners. This presentation summarized the INVDRS and what is expected of the coroners that participate. Coroners that participate agree to provide a copy of the coroner's summary report (narrative), the toxicology report (if completed), and the autopsy report (if completed) for the violent deaths in their county. The Indiana Coroner's Association (ICA) has endorsed the INVDRS and its efforts.

Opportunity for organizations to host Booster Bash Event



Motor vehicle collisions are one of the leading causes of nonfatal injuries and fatal deaths for persons ages 1 to 24 in the United States. When it comes to injury and death due to motor vehicle collisions, the primary group affected are children ages 4-8. These children tend to be in the booster seat age group and are either improperly restrained or graduated to a seat belt too early. Parents are frequently unaware that their child still does not fit in a seatbelt properly without the assistance of a booster seat.

By hosting a Booster Bash, volunteers and child passenger safety technicians provide much-needed education to this group. The Children's Safety Network has found that belt-positioning booster seats lower the risk of injury to children ages 4-8 by 45% compared to the use of seat belts alone. This toolkit, sponsored by the Indiana State Department of Health, explains the processes to host a successful booster bash event in your community. If you need additional information or would like to host an event in your community, please contact Preston Harness at PHarness@isdh.IN.gov.

Contact Us

For additional information, please contact: indianatrauma@isdh.IN.gov

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Pam Pontones, MA—Deputy Health Commissioner/State Epidemiologist

Arthur L. Logsdon, J.D.—Assistant Commissioner, Health and Human Services

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Murray Lawry, M.P.A. —Prescription Drug Overdose Project Manager

Camry Hess, M.P.H. —Database Analyst Epidemiologist

Ramzi Nimry —Trauma System Performance Improvement Manager

Rachel Kenny, M.P.H. —INVDRS Epidemiologist

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Dawn Smith —Public Health Associate

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